



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

September 13, 2004

Dear Interested Parties:

SACRAMENTO GEOGRAPHIC MANAGED CARE DENTAL PROGRAM REQUEST FOR APPLICATION 04-43585 Administrative Bulletin 4, Addendum 3

Administrative Bulletin 4, Addendum 3 issued by the California Department of Health Services, Office of Medi-Cal Procurement (OMCP), provides an official change to RFA 04-43585 in response to an identified error.

Addendum 3 includes changes to:

- RFA Main Body: An additional requirement has been added as K, 5, a, 5, to page 17.

Within the text of the documents, changes appear in underlined print with a vertical bar appearing to the right of the paragraph where changes were made.

In order to configure the RFP so that it accurately reflects the current requirements and considerations, add the new page or remove the existing page and insert the appropriate replacement page as indicated in the following table:

Remove Existing Hardcopy Pages	Add New/Replacement Pages
RFP pages 17 and 18	RFP pages 17 and 18
Remove Existing Electronic Page	Add New/Replacement Electronic Page
RFP pages 17	RFP pages 17

This Administrative Bulletin and Addendum are also available on the OMCP web site at www.dhs.ca.gov/omcp.

Interested Parties
Page 2
September 13, 2004

Thank you for your continued interest in the Sacramento Geographic Managed Care Dental Program Request for Application effort.

If you have further questions, please contact Nathan Greve, lead analyst assigned to this procurement, at (916) 255-6032.

Sincerely,

Donna Martinez, Chief
Office of Medi-Cal Procurement

Enclosures

- f. The Applicant shall describe how it will provide emergency services. An explanation of how the Applicant will provide for prompt reimbursement of non-plan providers for emergency services rendered to members, shall be included.
- g. The Applicant shall describe its process for handling and recording dental records.
- h. The Applicant shall attest to its willingness and ability to provide dental services to Medi-Cal Beneficiaries residing in Sacramento County by completing Attachment 10 and including it in the Forms Section.
- a. The Applicant shall provide a description of proposed marketing efforts, with realistic enrollment and marketing cost projections, for Medi-Cal Beneficiaries in Sacramento County.
- k. The Applicant shall provide copies of all proposed or existing subcontracts related to securing health care services, administrative and management services or any other services necessary to fulfill its contractual obligations.
- l. The Applicant shall provide a description of the proposed or existing procedures by which grievances submitted by Beneficiaries are promptly processed and resolved.

5. Organizational Section

- a. The Applicant shall provide an organization chart. The chart shall identify, by name and title, all principals, policymakers, executive officers, dental directors and administrators. For persons identified in the organization chart, the Applicant shall provide, at a minimum, the following information either within the chart, as attached résumés or other appropriate presentation:

- 1) Full name.
- 2) Business address.
- 3) Internal Revenue Service employer number, when applicable.
- 4) License number, dental specialty and Medi-Cal provider number, when applicable.

5) Functions and Responsibilities

6. Facilities and Resources Section

- a. The Applicant shall describe the following as it relates to its capacity to perform reasonable and necessary dental services: